2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000044514**** 05 DEC 13 AM 9: 24 1. Entity Name PTM ENTERPRISES, LLC Principal Place of Business Mailing Address **608 NORTH ALEXANDER STREET** 608 NORTH ALEXANDER STREET PLANT CITY, FL 33566 PLANT CITY, FL 33566 2. Principal Place of Business 3. Mailing Address 20748 6th Avenue W. 20748 6th Avenue W. Suite, Apt. #, etc. Suite, Apt. #, etc. 11042005 REIN-LLC CR2E101 (6/04) City & State City & State 4. FEI Number Applied For X Not Applicable Summerland Key, FL Summerland Key FLZip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33042 33042 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, KEITH C ESQ. Street Address (P.O. Box Number is Not Acceptable) 121 NROTH COLLINS STREET PLANT CITY, FL 33566 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$150.00 Florida Department of State After January 1, 2006, Fee will be \$200.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change X Addition TITLE Delete TITLE MGMR: NAME NAME Paul T. Murphy, MD STREET ADDRESS STREET ADDRESS 20748 6th Avenue W. CITY-ST-ZIP CITY-ST-ZIP Summerland FL 33042 ☐ Change ☐ Delete TITLE Addition NAME NAME 500062119605 STREET ADDRESS STREET ADDRESS 12/13/05--01042--013 **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete REINS I LA I LIVER. NAME NAME STREET ADDRESS 2*W* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: / Moul T. Mouth, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MUBER, BANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Designed Proces

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.